

5-23-CV-120 #20

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>Paul Nicoletti #55819-039 MORGANTOWN FEDERAL CORRECTIONAL INSTITUTION Inmate Mail/Parcels P.O. BOX 1000 MORGANTOWN, WV 26507</p> <p>9590 9402 7976 2305 6714 50</p>	<p>B. Received by (Printed Name) <i>T. Luke</i></p>	<p>C. Date of Delivery <i>6-8-23</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, give delivery address below: <input type="checkbox"/> No</p>	
	<p>U.S. DISTRICT COURT - WV WHEELING, WV 26061</p>	
<p>2. Article Number (Transfer from service label) 7022 0410 0002 2769 6615</p>	<p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (0) </p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		

Domestic Return Receipt